

Minneapolis Public Schools Health Related Services Medication Procedure



Purpose

- The purpose of giving medications at school is to keep students safe and support their academics by allowing them to participate fully in the educational environment.
- For the safety of students and protection for the employee and the school district, it is imperative that medications are stored and administered in accordance with Minneapolis Public Schools District Policy #6692, 6692A, 6692B and procedures recommended by Health Related Services (HRS).

Authorization to Give Medications

- Medications are given under the direction and delegation of the licensed school nurse (LSN).
- Only staff members trained and approved by the LSN (Licensed Practical Nurses and unlicensed assistive personnel (LPN/UAP)) can give medications. The LPN/UAP will be listed on the Plan for Administration of Medication and Episodic Care.
- Only the LSN can make exceptions to this rule, and only in special circumstances.
- The LSN should be notified and give approval before the first dose or changed dose of any medication is dispensed to the student.
- The LSN is accountable to verify that the LPN/UAP can perform the activity and do so safely.
- Delegation to LPN/UAP is determined on a case-by-case basis and is most appropriate when they are caring for students with routine, repetitive, ongoing medication administration. When medication administration is not routine and the student's response to medication is less predictable, nursing delegation should be carefully considered.

Medication Training

- All health office staff are required to attend an inservice on medications, arranged by HRS, every year.
- Training needs to be completed before medication administration is performed. It is important that four types of staff training be conducted.

The LSN informs the LPN/UAP of:

1. School policies and availability of resources (such as Procedure Guide 1, chapter 11)
 2. Available written criteria that indicate when to contact a supervising LSN
 3. Student-specific information
 4. Procedures for safe medication administration.
- The LSN trains and supervises staff members to whom the LSN is delegating medication administration, communicates the delegation plan to LPN/UAP, assesses their competencies, and provides sufficient oversight and supervision. When medication administration is delegated, the LPN/UAP must be able to communicate, during that time, with an LSN.
 - After training, medication administration procedures will be demonstrated by the LPN/UAP, and competencies will be documented on the medication skills checklist and/or the IHP/EHP.

Consent to Administer Medications

- A. A consent must be obtained in writing and be signed by the parent/guardian or the student if over age 18 and a physician/licensed prescriber. Only a licensed nurse (LPN or LSN) may accept a phone order. An oral request may occasionally be allowed only if the request is reduced to writing within two school days of the request, provided that the school may rely on the oral request until such written request is received, if such reliance is in the best interests of the student. If an LPN receives the order he/she will notify the LSN.

The order must include:

- the student's name and birthdate
- the name and purpose of the medication
- the proper dose, route and time of administration
- side effects

- special instructions
 - physician/licensed prescriber's printed name, address, phone and signature
- B. A new medication consent form is required:
- at the beginning of each school year
 - when the dosage or time of administration is changed
 - if a medication that was discontinued is restarted
- C. If there is a question about the physician/licensed prescriber's medication order, the LSN can call to clarify the order only if the parent gives consent to contact the provider.
- D. School staff will not administer homeopathic or non-traditional medicines, including herbal remedies and dietary supplements. All medications administered by school staff must be FDA approved and listed in the Physicians Desk Reference (PDR).
- E. Students wishing to carry and administer their own nonsyringe injectors of epinephrine and/or asthma or reactive airway disease medications must (in addition to the information listed above) also have written consent to carry the medication from the parent/guardian, or the student if over age 18, and the physician/licensed prescriber.
- F. Secondary students, under policy 6692B, may possess and use non-prescription pain relievers, not containing ephedrine or pseudoephedrine, with written consent from a parent/guardian or the student, if over the age of 18.
- G. The medication order will be entered into the EPHR (see MPS Discovery EPHR Users Manual for protocol). Make a copy of the medication consent. File the original in the Pupil Health Record. Put the copy in the medication book for back-up staff reference.
- H. Several versions of the Asthma Action Plan (AAP) include a release of information and consent for medication administration at school. Check a student's AAP to see if the physician/licensed prescriber and parent consent area is complete.
- I. Included within the MPS Health Related Services Procedure Guide II are the Diabetes Medical Management Plan (Section 3) and the Authorization for Administration of Medication for Severe Allergies at School (Section 2) which should, when available, be utilized as the preferential medication consent form.

Medication Containers

- A. Parents will deliver all medications in the original container, bearing the original pharmacist's label, clearly indicating the student's name, means of delivery, times of administration, and dosage.
- B. Parents should be encouraged to ask the pharmacist for a second container for school when the prescription is filled.
- C. In the case of non-prescription, over-the-counter medication, the container will be labeled with the student's name. The manufacturer's label must clearly display the instructions and recommended dosage.
- D. If a medication dose changes after the original prescription has been filled, the LSN can clearly mark and date the change on the prescription bottle so the bottle matches the order.
- E. Bottles cannot contain more than one dosage in a single container (ex. 10 mg tablets and 5 mg tablets in the same container).
- F. If pills must be cut to attain the proper dosage, it should be completed by the pharmacist or parent whenever possible. If health office staff must cut pills, a proper pill cutter must be used. The pill cutter must be washed after each use.

Handling, Storage, and Disposal of Medications

- All medications, except those that meet self-carry guidelines, will be stored in a locked drawer or cabinet used exclusively for medications. Cabinets should not contain glass doors and should be anchored securely to a solid surface.
- Access to stored medication and medication cabinet keys must be limited to school personnel authorized to administer medications.

- Medication requiring refrigeration should be stored in a locked refrigerator or in a locked container in the refrigerator specifically for medications.
- Medications should not be stored in individual classrooms unless all of the above standards can be met and the individuals responsible for administration have been properly trained.
- Expiration dates should be routinely checked.
- All unused, discontinued, or expired medications shall be returned to the parent/legal guardian and the return appropriately documented. With parent/legal guardian consent, such medications may be destroyed by the school when two individuals are present to witness and document the disposal.
- Needles and syringes should be disposed of in a manner consistent with the following guidelines (see OSHA Blood-borne Pathogen Standard 29 of C.F.R. 1930.1030 and Minnesota Rules, chapter 5206):
 - Needles should not be recapped and should not be purposely bent or broken.
 - Disposable syringes and needles (and other sharp items) should be placed in approved sharps containers and labeled "biohazard."
 - At the end of the school year or in the case the sharps container becomes full, the LSN should arrange pick up and replacement from the MPS Environmental Health & Safety Department.

Dispensing Medications

- Only the LSN or LPN/UAP may dispense medication. Students should not be permitted to get and take their own medications.
- All staff dispensing medications must follow the 6 R's:
 - Right student
 - Right medication
 - Right dose
 - Right route
 - Right time (within 30 minutes before or after scheduled time)
 - Right documentation
- Staff must look at the Student Medication Record prior to giving the medication to ensure that the 6 R's are followed.
- Medications must be properly taken (i.e. swallowed, inhaled, applied, etc.) by the student before he/she returns to class. Students are to be encouraged to drink water (4-6 ounces) after taking oral medication.
- It is the responsibility of the health office/LPN/UAP to see that the medication is given at the designated time.
- Any time one or more of the 6 R's are missed or HRS medication administration procedure is not followed, a Medication Error Form is to be completed and sent to the appropriate Health Services manager.

Documentation

- The Discovery EPHR Manual should be followed for correct medication documentation protocol. At the end of the school year or when the record is complete, the paper Student Medication Record should be filed in the Pupil Health Record. Shred the copy of the medication consent form as long as the original has been filed within the health record.
- The Student Medication Record, both electronic and paper, contains confidential information and must be kept out of public view.
- If a student chooses to self-carry and administer their medication, the LSN must document her/his evaluation and follow-up. The self-carry medication information should be entered into the student's EPHR medication log with location choice listed as self-carry. A separate note should be entered into the EPHR nurses notes indicating the date the student demonstrated competency to self-carry their medication and scheduled check-ins with the LSN throughout the school year.
- Asthma and diabetes medication administration will be documented on the paper record. Record all asthma and diabetes medication orders initially in the EPHR Student Medication screen. All ongoing

medication documentation will be completed on the School Health Office Asthma Record (SHOAR) and/or the School Health Office Diabetes Flow Sheet.

Medication Errors

The purpose of the medication error report is so that all individuals involved can learn from the situation and take steps to prevent future errors. All medication errors should be documented on a Medication Treatment Error report form and sent to the appropriate Health Services manager. Medication errors include, but are not limited to:

- Wrong student
- Wrong medication
- Wrong dose
- Wrong route
- Wrong time (within 30 minutes before or after scheduled time)
- Wrong documentation

Controlled Substances

A. In accordance with federal and state laws, all doses of controlled medications (such as Ritalin, Dexedrine, and Phenobarbital) must be accounted for in the Student EPHR.

- Doses arriving at school must be counted and the amount recorded within the student's EPHR under the medication count tab.
- All doses given must be recorded.
- All unused, discontinued, or outdated medications shall ideally be picked up by the parent/legal guardian and the return appropriately documented. At the discretion of school personnel, medication can be sent home with the student after notifying parent/guardian by phone of the number of tablets being sent home with the student.
- With parent/legal guardian consent, such medications may be destroyed by the school when two individuals are present to witness and document the disposal. Documentation will be completed under the medication count tab, coded under "wasted," with a detailed note reporting how, why, and who witnessed the disposal.
- Before discarding the prescription bottle for a controlled substance, remove or blacken the label to maintain student confidentiality and so it cannot be picked out of the trash and refilled.

Monitoring Supply

Health office staff should routinely monitor the supply of medications at school. Medication refills are the responsibility of the parent/guardian.

- School personnel must contact the parent/guardian by letter and/or phone call when the medication supply at school runs low. The contact must be recorded within the parent/guardian drop down box in the medication log within the EPHR.
- Health office staff should develop a routine for checking medication expiration dates.
- Inhalers must be checked for doses remaining. For aerosol inhalers, NHLBI Guidelines recommends noting the number of puffs on the canister and counting puffs used. This is easiest with a new canister. Do not float canisters in water to see if they are empty (NHLBI Guidelines). For dry powder inhalers, the number of remaining doses is indicated on the inhaler.

Medication Forms and Supplies

- The Authorization for Medication Administration form is available on the Health Services website or in the procedure guide.
- Spacers for MDI are available through Health Related Services.
- Every health office should have a peak flow meter that can be used with disposable mouth pieces. Replacement peak flow meters and mouth pieces are available from Health Related Services.

Diastat™, Epi-pen™, and Glucagon™

- The LSN will develop an EHP and determine appropriate, safe delegation to UAP on a case-by-case basis.

- Parent/guardians must be informed of the delegation plan and be involved and included in the staff training (as appropriate). Training should include discussion of student's past response to and use of any of the medications.
- The LPN/UAP will follow the instructions on the student's EHP.
- 911 will always be called in the event any of these three medications are administered.

Beginning of the School Year

Obtaining medication consents and recording student medications into the EPHR is a high priority at the beginning of the school year.

- Students need a new consent for medications every school year.
- A medication book must be set up each school year that will contain: SHOAR, Diabetes Flow Sheet, & all other medication not primarily documented through the EPHR. Place copies of consent forms in the medication book for easy reference and file the originals into the student's health record. Staff should organize the book in a manner that ensures safe and efficient medication administration at the individual site.
- Print a scheduled and as needed EPHR medication report of all students getting medications during the school day and put it at the front of the medication book for easy reference for back-up staff.

End of the School Year

- Determine which students will be going to summer school and whether or not they will need their medications available during summer school hours. Consents obtained during the school year can be utilized if the dose and time have not changed and if the physician/licensed prescriber end date falls after the last day of summer school.
- Send home medication consents for the following school year, along with the parent medication letter, so parents can have them completed over the summer.
- Arrange (through phone call or letter) for all medications, not needed at summer school, to be sent home, picked up by parents, or if confident of the student's return, kept in a locked location for the summer. Inhalers may be kept, in a locked location, at school over the summer.
- Ideally, the parent/guardian will pick up controlled medications at school. If this is not possible and at the discretion of the LSN, medication can be sent home with the student after notifying parent/guardian by phone of the number of tablets being sent home with the student. Health services staff are to include a copy of the MPCA's Household Hazardous Waste fact sheet for parents for proper disposal at home.
- If pharmaceuticals are unclaimed or cannot be returned to the parent / guardian, school health staff are to keep the medications in their original container with label intact and store them in a secure, locked location. Periodically (for example once per year), health office staff are to contact Environmental Health & Safety (EH&S) at (612) 668-0310 to arrange for pick-up and proper disposal of unclaimed medications. This can be scheduled at the same time as a request for a sharps pick-up. Prior to pick-up, EH & S must receive the name of the medication and count (ie: 1 MDI, 3 tablets Adderall) by means of fax: (612) 668-0275.

Additional Reference

MDH/MDE. (2005). Minnesota Guidelines for Medication Administration in Schools, available at:
<http://www.health.state.mn.us/divs/cfh/shs/pubs/medadmin/schoolmedadmin.pdf>